



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E473986**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	<b>15-02625</b>	
LOCAL AGENCY CODING		
TOTAL # OF UNITS	<b>02</b>	OBJECT STRUCK

TRIBAL RESERVATION	
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M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION <b>10 - 23 - 2015</b>	<b>0727</b>	<b>31</b>		<b>0664</b>
ON (PRIMARY TRAFFIC WAY) INTERSECTION <input checked="" type="checkbox"/> NON-INTERSECTION <input type="checkbox"/>				

SR <b>92</b>	BLOCK NO. <input checked="" type="checkbox"/>	<b>12100</b>
MILE POST <input type="checkbox"/>		

DISTANCE	MILES	OF (REFERENCE OR CROSS STREET)
		<b>GRADE RD</b>

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE <b>D: 4252208012</b>
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LAST NAME	<b>ARMSTRONG</b>	FIRST NAME	<b>ZACHARY</b>	MIDDLE INITIAL	<b>A</b>
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STREET NEW ADDRESS	<b>1122 131ST AVE NE</b>
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CITY	<b>LAKE STEVENS</b>	ST	<b>WA</b>	ZIP	<b>982589285</b>
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	<b>ARMSTZA091DE</b>	STATE	<b>WA</b>	SEX	<b>M</b>	D.O.B. MMDDYYYY	<b>03 - 05 - 1991</b>
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG <b>1</b>	RESTR. <b>4</b>	EJECT <b>1</b>	HELMET USE <b>2</b>	INJURY CLASS <b>1</b>	NATURE OF INJURIES
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LICENSE PLATE #	<b>C18649C</b>	STATE	<b>WA</b>	VIN#	<b>JT4RN01P0M0018346</b>
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	<b>1991</b>	MAKE	<b>TOYT</b>	MODEL	<b>4X4PU</b>	STYLE	<b>PK</b>	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. **ZACHARY ARMSTRONG 1122 131ST AVE NE LAKE STEVENS WA 98258**

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY # <b>NATIONAL GENERAL 2003026669</b>	
VEHICLE LEGALLY EQUIPPED <input type="checkbox"/>	CITATION #	CHARGE



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE <b>D: 4253279379</b>
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LAST NAME	<b>BRICKMAN</b>	FIRST NAME	<b>AUSTINE</b>	MIDDLE INITIAL	<b>J</b>
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STREET NEW ADDRESS	<b>31610 76TH AVE NW</b>
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CITY	<b>STANWOOD</b>	ST	<b>WA</b>	ZIP	<b>982929731</b>
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CDL	RESTRICTIONS <b>J</b>	ENDORSEMENTS
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DRIVER'S LICENSE #	<b>BRICKAJ079N6</b>	STATE	<b>WA</b>	SEX	<b>M</b>	D.O.B. MMDDYYYY	<b>08 - 26 - 1993</b>
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG <b>1</b>	RESTR. <b>4</b>	EJECT <b>1</b>	HELMET USE <b>2</b>	INJURY CLASS <b>1</b>	NATURE OF INJURIES
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LICENSE PLATE #	<b>B29488N</b>	STATE	<b>WA</b>	VIN#	<b>JT4RN64D9H082887</b>
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	<b>1987</b>	MAKE	<b>TOYO</b>	MODEL	<b>PU</b>	STYLE		VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. **KATHERINE BRICKMAN 31610 76TH AVE NW STANWOOD WA 98292**

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY # <b>PROGRESSIVE 75869737-7</b>	
VEHICLE LEGALLY EQUIPPED <input type="checkbox"/>	CITATION #	CHARGE



OFFICER'S NAME (PRINT)	<b>R. BROOKS</b>	BADGE OR ID #	<b>0013</b>	AGENCY	<b>WA0311900</b>
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STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E473986**

CASE # **15-02625**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES

NARRATIVE

Unit 1 was pulling out from the stop sign in front of Unit 2 from Grade Rd. into the intersection Northbound. Unit 2 was Eastbound on SR 92 and was unable to stop in time and tried to evade the collision by steering right. Unit 1 started to back up and Unit 2 struck Unit 1 in the drivers side door area. No injuries reported on scene.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**R. BROOKS**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

**10-23-15 08:28 AM**

DATED

PLACE SIGNED

APPROVED BY

**R. BROOKS 0013**

DATE

**10/23/2015 9:02:59 AM**

BADGE OR ID # **0013**

ORI #

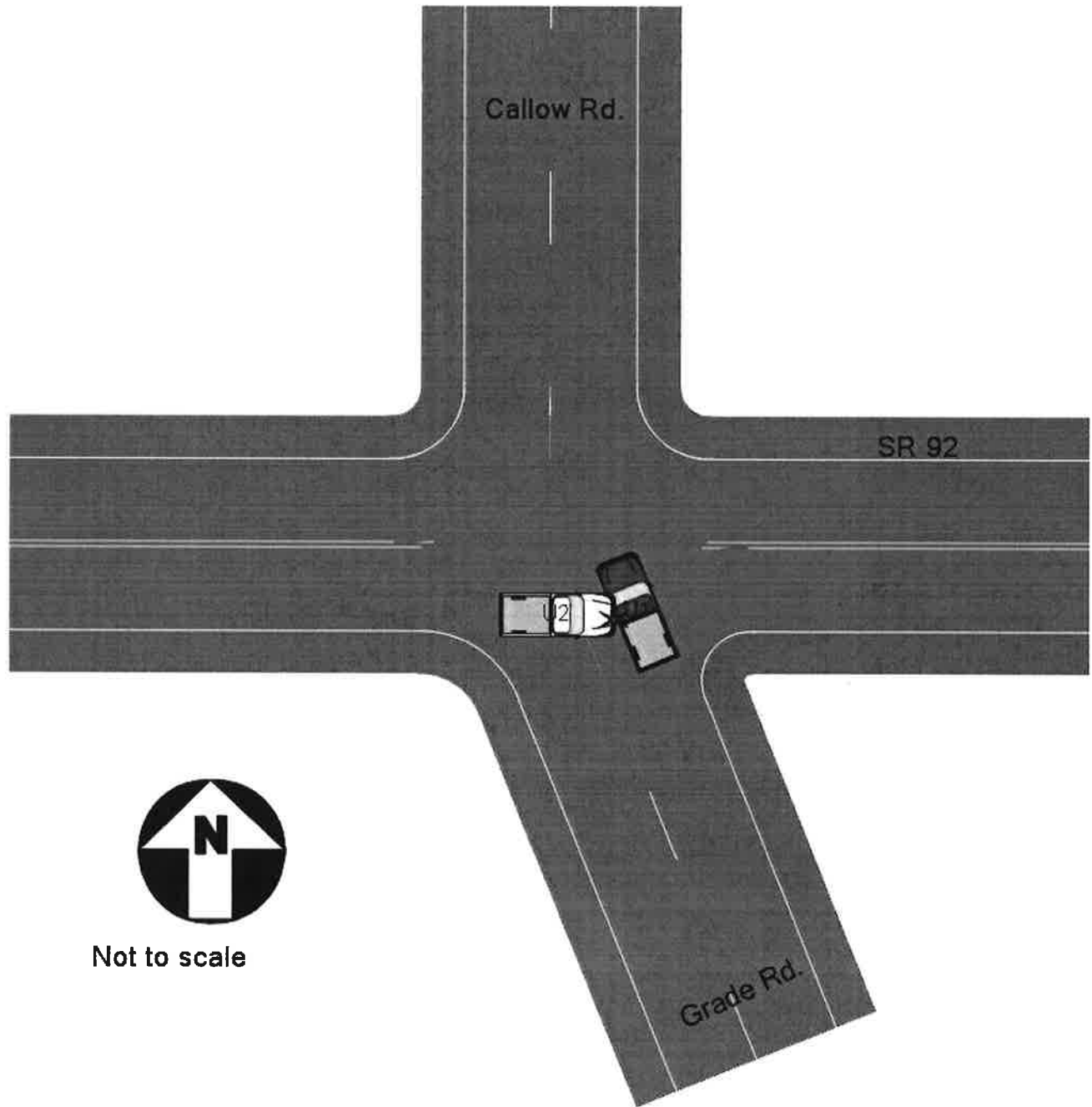
**WA0311900**

TIME POLICE DISPATCHED

**7:27 AM**

TIME POLICE ARRIVED

**7:28 AM**



**VICTIM/WITNESS STATEMENT****CASE NUMBER**

15-02625

VICTIM / WITNESS													
NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Armstrong, Zachary, Aaron				RACE Caucasian	ETH	SEX M	DOB 03-05-91	AGE 24	HGT 5'8	WGT 220	HAIR Brown	EYES Blue
STREET ADDRESS 1122 131st Ave NE					CITY Lake Stevens			STATE WA	ZIP 98258		RES. STATUS		
HOME PHONE _____					CELL PHONE (425) 220-8012			PLACE OF EMPLOYMENT Central Steel					
WORK PHONE					EMAIL ADDRESS Zackuarmstrong@gmail.com								

I, \_\_\_\_\_, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY : (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: \_\_\_\_\_

DATE SIGNED \_\_\_\_\_

LOCATION SIGNED

OFFICER/NUMBER:

DATE SIGNED

LOCATION SIGNED

***"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"***

**PAGE**      **OF**

# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT

CASE NUMBER

15-02625



### VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Brickman Austin Jacob	RACE	ETH	SEX M	DOB 8/28/93	AGE 22	HGT 5'5"	WGT 180	HAIR BLK	EYES BLU
STREET ADDRESS 18015 Chapin Rd		CITY Arlington			STATE WA		ZIP 98223		RES. STATUS	
HOME PHONE		CELL PHONE 425-327-9374			PLACE OF EMPLOYMENT					
WORK PHONE		EMAIL ADDRESS								

I, \_\_\_\_\_, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY : (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

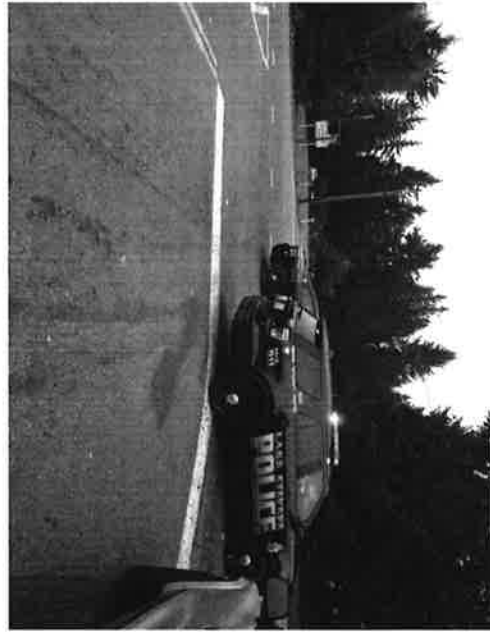
I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE:	DATE SIGNED	LOCATION SIGNED
OFFICER/NUMBER: SGT [Signature]	DATE SIGNED 10/27/15	LOCATION SIGNED LK STEVENS

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PAGE \_\_\_\_ OF \_\_\_\_













LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number <i>AUKERMAN #72</i>		Case Number <i>15-02625</i>	
Type of Crime: <u><del>Felony</del> / Misdemeanor (Circle)</u>		Type of Case: <i>COLLISION</i>		Date/Time: <i>10/23/15 0825</i>	
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evi will be held until court dispo or when the Statute of Limitations has expired *Found and Sfkg will be held for 60 days or 60 days past owner notification			

Case # 15-02625

Item # <i>1</i>	Item <i>CD-12</i>		Brand Name <i>VERBATIM</i>		Storage Location	Disposition		
	Brand/Model/Caliber (Further Description)							
	Action # <i>3</i>	Serial #	Where Found <i>SR 92 / Gemini Lts</i>	Weight of Narcotic				
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions <i>PLCS</i>								
Item #	Item		Brand Name		Storage Location	Disposition		
	Brand/Model/Caliber (Further Description)							
	Action #	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								
Item #	Item		Brand Name		Storage Location	Disposition		
	Brand/Model/Caliber (Further Description)							
	Action #	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								
Item #	Item		Brand Name		Storage Location	Disposition		
	Brand/Model/Caliber (Further Description)							
	Action #	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								
Item #	Item		Brand Name		Storage Location	Disposition		
	Brand/Model/Caliber (Further Description)							
	Action #	Serial #	Where Found	Weight of Narcotic				
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								

Evidence Control Use Only:					
Received by Evidence:	NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked	ROUTING: _____	
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room	
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File	

Closed	10/23/15	08:09:35
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Loc: GRADE RD/SR 92 , LKS (V)

Phone: 4257546743

[illegible]

# LAKE STEVENS POLICE DEPARTMENT

## FOLLOW-UP / ROUTING SHEET

MUST HAVE <b>CITATION NUMBER</b> OR <b>SUSPECT</b> INFO IF FORWARDING TO PROSECUTOR, COURT OR INVESTIGATIONS.		CASE NUMBER 15-02625
CITATION #	SUSPECT	DATE 10-27-15
CITATION #	SUSPECT	DOB
CITATION #	SUSPECT	DOB
CITATION #	SUSPECT	DOB

### OFFICER / DETECTIVE REQUEST

<input checked="" type="checkbox"/> ADD DOCUMENTS TO ORIGINAL FILE	<input type="checkbox"/> NO FURTHER ACTION REQUIRED	
<input type="checkbox"/> ADDITIONAL STOLEN OR RECOVERED PROPERTY SHEETS ATTACHED FOR DATA ENTRY		
<input type="checkbox"/> FORWARD FOLLOW-UP (COURT HAS OPEN FILE ON CASE)	<input type="checkbox"/> FORWARD COMPLETED COPY OF CASE	
<input type="checkbox"/> MARYSVILLE COURT	<input type="checkbox"/> SNO CO FELONY DIVISION	<input type="checkbox"/> WACIC / NCIC ENTRY RECORDS
<input type="checkbox"/> CITY PROSECUTOR	<input type="checkbox"/> JUVENILE COURT	<input type="checkbox"/> WASH STATE LIQUOR CONTROL
<input type="checkbox"/> REVIEW FOR CHARGES	<input type="checkbox"/> CPS/DSHS <input type="checkbox"/> EVERETT <input type="checkbox"/> SKY VALLEY	<input type="checkbox"/> OTHER:
DATE SENT: 10/27/15	BY: [Signature]	

<input type="checkbox"/> FORWARD <b>ORIGINAL FILE</b> WITH THE <b>FOLLOW-UP</b> TO COURT	
<input type="checkbox"/> CITATION JUVENILE REFERRAL ATTACHED	
<input type="checkbox"/> SUBJECT REFERRED FOR <b>FELONY</b> CHARGING	
DATE SENT:	BY:

<input type="checkbox"/> PROSECUTOR FOLLOW-UP RESPONSE ( <b>ATTACH PROSECUTOR REQUEST FORM</b> )		
<input type="checkbox"/> INVESTIGATIONS	OFFICER ASSIGNED	DUE DATE

### CASE CLOSED

<input type="checkbox"/> UNFOUNDED	<input type="checkbox"/> ARREST MADE SENT TO COURT
<input type="checkbox"/> LACK OF INVESTIGATIVE LEADS	<input type="checkbox"/> VICTIM REQUEST

OFFICER / INVESTIGATOR	DATE SIGNED
SERGEANT APPROVAL [Signature]	DATE SIGNED 10-27-15

RECORDS DATA ENTRY	ADDITIONAL PERSONS <input type="checkbox"/>	PROPERTY <input type="checkbox"/>	ARRESTS <input type="checkbox"/>
RECORDS:	DATE:		

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# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT

CASE NUMBER 15-02625

### VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Armstrong, Zachary, Aaron	RACE white	ETH	SEX M	DOB 03-05-91	AGE 24	HGT 5'9"	WGT 220	HAIR brown	EYES blue
STREET ADDRESS 1122 131 <sup>st</sup> AVE NE		CITY Lake Stevens			STATE WA	ZIP 98258	RES. STATUS			
HOME PHONE —		CELL PHONE (425) 220-8012			PLACE OF EMPLOYMENT Central Steel					
WORK PHONE —		EMAIL ADDRESS Zackaaronstrong@gmail.com								

I, Zachary Armstrong, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was stopped at the stop sign on grade road planning to turn west onto SR 92, I started pulling forward because I did not see anybody, I stayed ~~out~~ on Grade road the whole time and never entered onto SR 92. AS soon as I saw him coming I put my truck in reverse and only moved about a foot in reverse. he slammed on his breaks and swerved onto Grade road and hit me.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 10-23-15	LOCATION SIGNED LSPD Station
OFFICER NUMBER: #8899	DATE SIGNED 10/23/15	LOCATION SIGNED Lake Stevens police

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